AMENDMENT TRANSMITTAL LETTER						Docket No. 320529179US1	
Application No.		Filing Date Examiner					Art Unit
10/590,604-Conf. #8963		November 21, 2005		C. Tran			2821
plicant(s): Row				- 45175	INIA OVOTE		
ention: DIRECT	TO with is an amer	THE COMMI	SSIONER FO	OR PATI	ENTS	IVI	
he fee has been	calculated and		S AS AMENI				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	17	- 23 =	0	x	52.00		0.00
Independent Claims	8	- 9 =	0	x	220.00		0.00
Multiple Depend	ent Claims (che	eck if applicabl	e)				
Other fee (please		-			*-		
TOTAL ADDITI	ONAL FEE FO	R THIS AME	NDMENT:				0.00
x Large Entity				s	imall Entity		
x No additiona							
Please charg	e Deposit Acc	ount No	lr	the am	ount of \$ _		·
A check in th	e amount of \$		to cover	the filling	fee is enclo	sed.	
Payment by	credit card. Fo	rm PTO-2038	is attached.				
X The Director as described		orized to char	ge and credit	Deposit	Account No	50-	2207
x Credit an	ny overpaymen	t.					
x Charge a	ny additional fili	ng or applicatio	n processing t	lees requ	ired under 37	CFR 1.1	6 and 1.17.
4				C	ated: Se	ptember	20, 2010
Yenyun Fu CA	Reg. No.: 59,1	41					
PERKINS COIE P.O. Box 1208 Seattle, Washin (650) 838-4300		208					